

# Registered pharmacy inspection report

**Pharmacy Name:** Whites Pharmacy, 17 Rolle Street, EXMOUTH,  
Devon, EX8 1HA

**Pharmacy reference:** 1030717

**Type of pharmacy:** Community

**Date of inspection:** 10/01/2023

## Pharmacy context

The pharmacy is located in Exmouth, Devon. It sells over-the-counter medicines and dispenses NHS and private prescriptions. And it delivers medicines to people's homes. The pharmacy team offers advice to people about minor illnesses and long-term conditions. The pharmacy offers services including flu vaccinations and the Community Pharmacy Consultation Service (CPCS). It also supplies medicines in multi-compartment compliance aids to people living in their own homes.

## Overall inspection outcome

✓ **Standards met**

**Required Action:** None

Follow this link to [find out what the inspections possible outcomes mean](#)

## Summary of notable practice for each principle

| Principle  | Principle finding | Exception standard reference | Notable practice | Why |
|--|-------------------|------------------------------|------------------|-----|
| <b>1. Governance</b>                               | Standards met     | N/A                          | N/A              | N/A |
| <b>2. Staff</b>                                    | Standards met     | N/A                          | N/A              | N/A |
| <b>3. Premises</b>                                 | Standards met     | N/A                          | N/A              | N/A |
| <b>4. Services, including medicines management</b> | Standards met     | N/A                          | N/A              | N/A |
| <b>5. Equipment and facilities</b>                 | Standards met     | N/A                          | N/A              | N/A |

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy takes appropriate steps to identify and manage its risks. Team members record any mistakes they make and review them to identify the cause. The pharmacy team then makes the necessary changes to stop mistakes from happening again. The pharmacy has appropriate written procedures in place to help ensure that its team members work safely. The pharmacy responds appropriately when it receives feedback. It has the required insurance in place to cover its services. And it mostly keeps all the records required by law. The pharmacy keeps people's private information safe and explains how it will be used. Pharmacy team members know how to protect the safety of vulnerable people.

### Inspector's evidence

The pharmacy had processes in place to identify, manage and reduce its risks. The pharmacy had standard operating procedures (SOPs) which reflected the way the team worked. Each team member had signed the current paper copies of the SOPs to demonstrate that they had read and understood them. The pharmacy team could describe the activities that could not be undertaken in the absence of the responsible pharmacist (RP). Team members had clear lines of accountabilities and were clear on their job role. The pharmacy had a risk assessment in place to cover its activities. And it had a written business continuity plan.

Pharmacy team members recorded any mistakes they made which were picked up during the final accuracy check, known as near-misses, on a paper log. The RP reviewed the errors monthly and discussed any trends and learning points with the team. Team members proactively highlighted unusual formulations or strength. The RP gave the example of prescriptions for rosuvastatin capsules rather than the more commonly seen tablets. Some caution stickers were applied to medicines stored close to each other that had similar sounding names and strengths.

The pharmacy reported any mistakes that reached the patient on a national reporting database. The pharmacy team analysed these incidents in much more detail to understand why they had happened.

The pharmacy had a documented procedure in place for handling complaints or feedback from people. There was information for people displayed in the retail area about how to provide the pharmacy with feedback. Any complaints were passed straight to the RP to deal with. The pharmacy team also reviewed any online feedback and responded accordingly. Public liability and professional indemnity insurances were in place.

The pharmacy kept a record of who had acted as the RP each day. But the RP did not sign out every day which led to an incomplete record. The correct RP notice was prominently displayed. Controlled drug (CD) registers were in order. Balance checks were completed regularly and any discrepancies were promptly rectified. A random balance check was accurate. Patient returned CDs were recorded in a separate register and were destroyed promptly. Records of private prescriptions were maintained in a book and were in order. The patient medication record (PMR) system also kept a legal record of private prescriptions. The pharmacy kept records of the receipt and supplies of unlicensed medicines ('specials'). Certificates of conformity were stored with all required details completed.

All team members had completed training on information governance and general data protection regulations. Patient data and confidential waste were dealt with in a secure manner to protect privacy and no confidential information was visible from customer areas. Team members ensured that they used their own NHS smart cards.

All staff were trained to an appropriate level on safeguarding. The RP had completed the Centre for Postgraduate Pharmacy Education (CPPE) level 2 safeguarding training. Local contacts for the referral of concerns were available. Team members were aware of signs of concerns requiring escalation.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough team members to manage its workload. They receive time in work to complete training for their roles and keep their skills up to date. They are confident to suggest and make changes to the way they work to improve their services. The team communicates effectively. And they work well together to deliver the pharmacy's services.

### Inspector's evidence

During the inspection, the pharmacy team members present were the RP, who was the regular, employed pharmacist, a trainee dispenser and a medicines counter assistant (MCA). The pharmacy was currently recruiting for an additional dispenser. But despite this, they were up to date with dispensing and other activities.

Team members were given time during working hours to learn. The trainee dispenser was progressing well through her course, which was run by an accredited provider. Each team member had a document listing their qualifications and what date they had been achieved.

The MCA felt happy to refer to the RP for advice if needed. She was observed giving appropriate advice when selling medicines over the counter. And she received some positive feedback from a customer during the inspection.

The dispenser and the MCA felt well supported by the RP. They felt confident to discuss concerns and give feedback to him and found him to be receptive to ideas and suggestions. The superintendent pharmacist (SI) visited each week. Team members were aware of the internal escalation process for concerns and a whistleblowing policy was in place.

The RP said that the targets set in the pharmacy were generally manageable. And they did not impede his ability to use his own professional judgement. He described that any services he provided were clinically appropriate.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare. The pharmacy is adequately secured to prevent unauthorised access.

### Inspector's evidence

The pharmacy was located in the centre of Exmouth. There was a public carpark nearby. A spacious and well-presented retail area led back to the dispensary. The dispensary was small but well organised. There were dedicated areas for labelling, dispensing and checking prescriptions. There was a second dispensary at the rear of the pharmacy which was used solely for the preparation of multi-compartment compliance aids. A small stock room behind this space led to the rear entrance.

The pharmacy had an office which was used as a consultation room when needed. The RP said that it was only really used to administer a very small number of flu vaccinations. It was of an adequate size. It was a little untidy during the inspection but the RP said that it would be tidied and cleaned before any patient was taken there. If the RP needed to have a private conversation with a person, he would generally take them to a quiet area of the pharmacy. In order to access the consultation room, people would need to move behind the counter and walk past the front of the dispenser. This area was used to store some completed prescriptions. But the likelihood of anyone being able to read private information was low. The RP took care to not leave prescription details on display.

The dispensary was well-equipped but a little cluttered. Team members cleaned the pharmacy regularly. The healthcare counter had clear Perspex screens fitted to protect team members from COVID-19. Hand sanitiser was available throughout the pharmacy.

Prescriptions awaiting collection were stored using a retrieval system and confidential information was not visible to waiting customers. Lighting was appropriate and the temperature was satisfactory for the provision of healthcare and the storage of medicines.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy team make sure that people with different needs can access its various services. The pharmacy supplies medicines safely to people with appropriate advice to ensure they are used correctly. Team members take steps to identify people prescribed high-risk medicines to ensure that they are given additional information. The pharmacy obtains its medicines from reputable suppliers. It stores them securely and makes regular checks to ensure that they are still suitable for supply. The pharmacy accepts unwanted medicines and disposes of them appropriately.

### Inspector's evidence

The pharmacy had step-free access and was wheelchair accessible. Adjustments could be made for people with disabilities, such as producing large print labels. A range of health-related posters and leaflets were displayed. Team members explained that if a person requested a service not offered by the pharmacy at the time, they referred them to other nearby pharmacies or providers, calling ahead to ensure the service could be provided there. Up-to-date signposting resources and details of local support agencies were accessed online.

The pharmacy had a clear flow to ensure prescriptions were dispensed safely. Team members used baskets to store dispensed prescriptions and medicines to prevent transfer between patients as well as to organise the workload. There were designated areas to dispense and accuracy check prescriptions. Team members initialled the labels of medicines when they dispensed and checked them.

Stamps were used to highlight fridge items and CDs in schedules 2 and 3. The RP described that team members checked if patients receiving lithium, warfarin and methotrexate had had blood tests recently, and gave additional advice as needed. The RP did not routinely make records of significant interventions made.

The pharmacy offered a limited range of additional services including flu vaccinations. The regular pharmacist had completed training on injection techniques and anaphylaxis and resuscitation within the last two years. The signed patient group direction was available. The pharmacy had a health promotion zone and provided advice to people on living healthy lifestyles. The pharmacy was registered to receive referrals as part of the Community Pharmacy Consultation service (CPCS) and received regular referrals, mainly from NHS111.

The RP was aware the risks associated with people becoming pregnant whilst taking sodium valproate as part of the Pregnancy Prevention Programme (PPP). He had discussed the risks with women who were prescribed valproate medicines. But no records were made of these conversations. The pharmacy team took care not to apply labels over the warning cards on the boxes of valproate products when dispensing. The pharmacy had stickers for staff to apply to valproate medicines dispensed out of original containers to highlight the risks of pregnancy to people receiving prescriptions for valproate.

Multi-compartment compliance aids were prepared by the pharmacy for people living in their own homes. The workload was organised and well planned. A sample of compliance aids was inspected. Each compliance aid was clearly labelled. Team members signed to show who had dispensed and checked the compliance aid. And they wrote a description of the tablets included so that they could be

easily identified. Patient information leaflets (PILs) were not always supplied but the RP said that they could easily be provided if required. Medicines prescribed to be taken 'when required' were dispensed in boxes. A record of any changes made was kept on a patient information sheet, which was available for the pharmacist during the clinical checking process.

The dispensary stock was generally arranged alphabetically on shelves. It was well organised. Certain groups of medicines were stored out of alphabetical order including those prescribed for diabetes. Date checking was undertaken regularly and records were kept. Spot checks revealed no date-expired medicines or mixed batches. Prescriptions containing omissions were appropriately managed, and the prescription was kept with the balance until it was collected. The pharmacy was experiencing shortages of some medicines including liquid antibiotics. They placed orders several times throughout the day and tried to keep people informed of the estimated date that owing medicines would be available. Stock was obtained from reputable sources. Records of recalls and alerts were retained on the pharmacy's email account.

CDs were stored in accordance with legal requirements in an approved cabinet. Denaturing kits were available for safe destruction of CDs. Expired CDs were clearly marked and segregated in the cabinet. Patient returned CDs were recorded in a register and destroyed with a witness with two signatures were recorded. The dispensary fridge was clean, tidy and well organised and records of temperatures were maintained. The maximum and minimum temperatures were within the required range.

Logs were kept of deliveries made to people in their own homes with appropriate signatures. Confidentiality was maintained when obtaining signatures. The RP described the process followed in the event of failed deliveries to ensure that patients received their delivery in a timely manner, particularly those considered to be vulnerable, and this was found to be adequate. Medicines were handed to the people and were not posted through the letterbox. Patient returned medication was dealt with appropriately.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy uses appropriate equipment and facilities to provide its services. It keeps these clean and tidy. The pharmacy uses its equipment in a way that protects people's private information.

### Inspector's evidence

The pharmacy had up-to-date written reference resources available including the British National Formulary (BNF). Team members had access to the internet to support them in obtaining current information. The pharmacy's computer system was password protected. And information displayed on computer monitors was suitably protected from unauthorised view.

The pharmacy had clean equipment available for counting and measuring medicines. It highlighted equipment for measuring and counting higher-risk medicines. This helped to reduce any risk of cross contamination. A range of consumables and equipment to support the flu vaccination service was available within the consultation room. Electrical equipment was visibly free of wear and tear and in good working order.

### What do the summary findings for each principle mean?

| Finding               | Meaning  |
|-----------------------|--|
| ✓ Excellent practice  | The pharmacy demonstrates innovation in the way it delivers pharmacy services which benefit the health needs of the local community, as well as performing well against the standards. |
| ✓ Good practice       | The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.                                |
| ✓ Standards met       | The pharmacy meets all the standards.  |
| Standards not all met | The pharmacy has not met one or more standards.  |